

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18914

State File No. _____

FILED JUN 12 1943

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 1361

1. PLACE OF DEATH:
(a) County St. Louis,
(b) City or town Richmond Heights.
(c) Name of hospital or institution: St. Mary's Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days.
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME LULA D. ALLAN.
3. (b) If veteran, name war none. 3. (c) Social Security No. none.
4. Sex Female. 5. Color or race White. 6. (a) Single, widowed, married, divorced Widowed.
6. (b) Name of husband or wife John D. Allan. 6. (c) Age of husband or wife if alive years
7. Birth date of deceased December 25, 1878.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64. 5. 14. hr. min.

9. Birthplace Fayette, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business _____

12. Name William W. Feland.

13. Birthplace Howard Co., Missouri.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Guthridge.

15. Birthplace Howard Co., Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Burke M. Shea.

(b) Address 7129 Bruno Ave.

17. (a) Burial. (b) Date thereof 6/10/1943.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery.

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address #7233 Delmar Boulevard.

19. (a) JUN 11 1943 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County St. Louis,
(c) City or town Normandy. 96
(If outside city or town limits, write "RURAL")
(d) Street No. #1508 Engelholm Ave.,
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June, day 8th,
year 1943. hour 5 minute 20 P.M.

21. I hereby certify that I attended the deceased from June 4, 1943 to June 8, 1943
that I last saw him alive on June 8, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis 4 day
Bronchial
asthma 6mo.

Due to _____

Due to _____

Other conditions 93d
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Yes St. Mary's Hospital
Richmond Heights Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. W. MacDonald (M. D. or other) M.D.

Address 539 N. Grand Date signed 6-9-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr J. W. McDonald.
539 N. Grand Blvd.,
3 - 5. P.M.
JE: 9284.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,
working under my personal supervision.

Signed

Clarence H. Murray

Licensed Embalmer No.

4011

P. O. Address

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.